

STATE OF MAINE DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION OFFICE OF LICENSING & REGISTRATION MANUFACTURED HOUSING BOARD

35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035
TTY/HEARING IMPAIRED (207) 624-8563

JOHN ELIAS BALDACCI GOVERNOR

Name of Installer:

1.

ANNE L. HEAD DIRECTOR

APPLICATION FOR STATE OF MAINE HOME INSTALLATION WARRANTY SEALS

	License #			
	Mailing Address:			
2.	Number of Home Installation Warranty Seals Requested			
		Seals x \$25 per seal	\$	Total Amount Due
	Check or Mor	ney Order made Payable to:	MAINE STATE TRI	EASURER
		This form may be repro	duced as needed.	
		FOR OFFICE U	SEONLY	
Amount Received:			Check Number:	
Cash Number:			Deposit Code:	43602632
Number of Seals Issued:			Date of Issuance:	
Seal Numbers Issued:		.1	through	

FAX: (207)624-8637